

2023 FPC VOLLEYBALL CAMP

REGISTRATION FORM | DUE DATE: JULY 3RD

JUNIOR CAMP

ADVANCED CAMP

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

T-SHIRT SIZE: _____ YOUTH ADULT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PAY WITH CASH OR CHECK ONLY
CHECKS CAN BE MADE OUT TO: FPC VOLLEYBALL

RETURN COMPLETED FORM ALONG WITH PAYMENT
TO THE BCAC (1301 ROOSEVELT ST. BORGER, TX 79007)

ASSUMPTION OF RISK AND RELEASE LIABILITY

I, as a parent or guardian of the named camper, hereby grant permission for my son/daughter to participate in the FPC Volleyball Camp. I acknowledge the fact that my child is physically able to participate in all camp activities. I hereby release the camp and its employees, FPC, and administration from all claims of injuries or illness that may be sustained by my child. I authorize the director or designee to select hospital facilities and/or the physician of his/her choice and authorize treatment of the named child in case an emergency takes place at/in the volleyball camp.

DATE: _____

PARTICIPANT SIGNATURE: _____
(IF 18 YEARS OR OLDER)

PARENT/GUARDIAN SIGNATURE: _____
(IF PARTICIPANT IS UNDER 18)